



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2018

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code

01199

,

4640

(current period)

(prior period)

NAIC Company Code

52563

Employer's ID Number

38-3253977

Organized under the Laws of

Michigan

,

State of Domicile or Port of Entry

MI

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health []

Dental Service Corporation []

Other []

Property/Casualty[]

Vision Service Corporation []

Is HMO Federally Qualified? Yes[X] No[] N/A[]

Hospital, Medical & Dental Service or Indemnity[]

Health Maintenance Organization [X]

Incorporated/Organized

09/18/1995

Commenced Business

12/31/1995

Statutory Home Office

1 Campus Martius, Suite 700

(Street and Number)

,

Detroit, MI, US 48226

(City or Town, State, Country and Zip Code)

Main Administrative Office

1 Campus Martius, Suite 700

(Street and Number)

,

Detroit, MI, US 48226

(City or Town, State, Country and Zip Code)

(313)324-3700

(Area Code)(Telephone Number)

Mail Address

P.O. Box 31391

(Street and Number or P.O. Box)

,

Tampa, FL, US 33631-3391

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1 Campus Martius, Suite 700

(Street and Number)

,

Detroit, MI, US 48226

(City or Town, State, Country and Zip Code)

(313)324-3700

(Area Code)(Telephone Number)

Internet Website Address

www.mhplan.com

Statutory Statement Contact

Andrea Edwards Watroba

(Name)

,

(313)324-3700

(Area Code)(Telephone Number)(Extension)

andrea.watroba@mhplan.com

(E-Mail Address)

(313)309-8547

(Fax Number)

OFFICERS

Name	Title	
Sean Peter Kendall	President	#
Richard Charles Fisher	VP, CFO	#
Michael Troy Meyer	VP, CAO, Assistant Treasurer	#
Goran Jankovic	VP, Treasurer	#
Michael Warren Haber	VP, Secretary	#
Tammy Lynn Meyer	VP, Assistant Treasurer	#

OTHERS

DIRECTORS OR TRUSTEES

Sean Peter Kendall #

Karie Enid Pasternak

Michael Troy Meyer #

State of Michigan

County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)

Sean Peter Kendall

(Printed Name)

1.

President

(Title)

State of

County of

Subscribed and sworn to before me this

day of 2018

(Notary Public Signature)

(Signature)

Richard Charles Fisher

(Printed Name)

2.

VP, CFO

(Title)

State of

County of

Subscribed and sworn to before me this

day of 2018

(Notary Public Signature)

(Signature)

Michael Troy Meyer

(Printed Name)

3.

VP, CAO, Assistant Treasurer

(Title)

State of

County of

Subscribed and sworn to before me this

day of 2018

(Notary Public Signature)

a. Is this an original filing? Yes[X] No[]

b. If no: 1. State the amendment number 0

2. Date filed

3. Number of pages attached 0

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	109,223,485		109,223,485	108,660,184
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	18,023,280		18,023,280	17,221,836
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....109,583,496), cash equivalents (\$.....5,060,749) and short-term investments (\$.....70,374,225)	185,018,469		185,018,469	226,877,232
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	1,215,610	1,155,714	59,896	102,923
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	313,480,844	1,155,714	312,325,130	352,862,175
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,522,696	26,967	1,495,729	1,710,176
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	23,852,379		23,852,379	38,521,612
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....9,925,754) and contracts subject to redetermination (\$.....0)	9,925,754		9,925,754	7,685,737
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	2,889,524		2,889,524	3,264,841
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	11,172,003		11,172,003	7,948,523
18.1	Current federal and foreign income tax recoverable and interest thereon	1,986,908		1,986,908	
18.2	Net deferred tax asset	1,026,286		1,026,286	1,026,286
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....59,644,858) and other amounts receivable	116,620,525	2,930,876	113,689,649	38,761,168
25.	Aggregate write-ins for other-than-invested assets	195,945	195,945		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	482,672,864	4,309,502	478,363,362	451,780,518
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	482,672,864	4,309,502	478,363,362	451,780,518
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepays	195,945	195,945		
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	195,945	195,945		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	260,771,310	.....	260,771,310	229,844,348
2.	Accrued medical incentive pool and bonus amounts	6,465,119	.....	6,465,119	3,596,656
3.	Unpaid claims adjustment expenses	1,736,680	.....	1,736,680	.....
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	8,333,435	.....	8,333,435	8,400,000
5.	Aggregate life policy reserves .....	.....	.....	.....	.....
6.	Property/casualty unearned premium reserve .....	.....	.....	.....	.....
7.	Aggregate health claim reserves .....	.....	.....	.....	.....
8.	Premiums received in advance	523,512	.....	523,512	551,197
9.	General expenses due or accrued	6,574,438	.....	6,574,438	5,501,849
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	.....	.....	.....	1,599,637
10.2	Net deferred tax liability .....	.....	.....	.....	.....
11.	Ceded reinsurance premiums payable .....	.....	.....	.....	.....
12.	Amounts withheld or retained for the account of others .....	.....	.....	.....	.....
13.	Remittances and items not allocated .....	.....	.....	.....	.....
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....	.....	.....	.....	.....
15.	Amounts due to parent, subsidiaries and affiliates	4,723,292	.....	4,723,292	15,473,668
16.	Derivatives .....	.....	.....	.....	.....
17.	Payable for securities .....	.....	.....	.....	.....
18.	Payable for securities lending .....	.....	.....	.....	.....
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....	.....	.....	.....	.....
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....	.....	.....	.....	.....
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....	.....	.....	.....	.....
22.	Liability for amounts held under uninsured plans	214,459	.....	214,459	39,007
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....	.....	.....	.....	.....
24.	Total liabilities (Lines 1 to 23)	289,342,245	.....	289,342,245	265,006,362
25.	Aggregate write-ins for special surplus funds	X X X	X X X	.....	42,502,056
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X	.....	.....
28.	Gross paid in and contributed surplus	X X X	X X X	128,451,363	83,451,363
29.	Surplus notes	X X X	X X X	.....	.....
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X	.....	.....
31.	Unassigned funds (surplus)	X X X	X X X	60,525,054	60,776,037
32.	Less treasury stock, at cost:	.....	.....	.....	.....
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X	.....	.....
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X	.....	.....
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	189,021,117	186,774,156
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	478,363,362	451,780,518
DETAILS OF WRITE-INS					
2301.	.....	.....	.....	.....	.....
2302.	.....	.....	.....	.....	.....
2303.	.....	.....	.....	.....	.....
2398.	Summary of remaining write-ins for Line 23 from overflow page .....	.....	.....	.....	.....
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	.....	.....	.....	.....
2501.	Estimate of 2018 ACA Health Insurer Fee Surplus	X X X	X X X	.....	42,502,056
2502.	.....	X X X	X X X	.....	.....
2503.	.....	X X X	X X X	.....	.....
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X	.....	.....
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	.....	42,502,056
3001.	.....	X X X	X X X	.....	.....
3002.	.....	X X X	X X X	.....	.....
3003.	.....	X X X	X X X	.....	.....
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X	.....	.....
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X	.....	.....

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	4,719,149	4,681,590	6,238,166
2.	Net premium income (including \$.....0 non-health premium income)	X X X	1,458,268,852	1,755,684,276	2,201,824,040
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	54,044,791	19,224	19,224
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	1,512,313,643	1,755,703,500	2,201,843,264
Hospital and Medical:					
9.	Hospital/medical benefits		936,852,458	1,239,005,786	1,494,736,279
10.	Other professional services		60,977,418	54,321,159	69,547,225
11.	Outside referrals		57,482,551	42,554,763	60,906,981
12.	Emergency room and out-of-area		27,387,643	25,483,069	31,811,926
13.	Prescription drugs		253,680,023	233,824,045	311,678,508
14.	Aggregate write-ins for other hospital and medical		223,981	218,205	380,948
15.	Incentive pool, withhold adjustments and bonus amounts		10,542,524	12,151,097	15,774,674
16.	Subtotal (Lines 9 to 15)		1,347,146,598	1,607,558,124	1,984,836,541
Less:					
17.	Net reinsurance recoveries		2,001,490	1,934,965	2,523,990
18.	Total hospital and medical (Lines 16 minus 17)		1,345,145,108	1,605,623,159	1,982,312,551
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....29,268,246 cost containment expenses		37,837,531	25,709,478	36,154,036
21.	General administrative expenses		173,605,407	141,414,042	184,332,954
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		1,556,588,046	1,772,746,679	2,202,799,541
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(44,274,403)	(17,043,179)	(956,277)
25.	Net investment income earned		3,453,819	1,771,314	2,688,479
26.	Net realized capital gains (losses) less capital gains tax of \$.....1,255		3,804	35,608	196,001
27.	Net investment gains or (losses) (Lines 25 plus 26)		3,457,623	1,806,922	2,884,480
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(40,816,780)	(15,236,257)	1,928,203
31.	Federal and foreign income taxes incurred	X X X	922,202	(5,199,457)	1,382,129
32.	Net income (loss) (Lines 30 minus 31)	X X X	(41,738,982)	(10,036,800)	546,074
DETAILS OF WRITE-INS					
0601.	ACA Health Insurer Fee - 2016 Adjustment	X X X		19,224	19,224
0602.	ACA Health Insurer Fee - 2018	X X X	54,044,791		
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	54,044,791	19,224	19,224
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	Hearing/Speech devices		223,981	218,205	380,948
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		223,981	218,205	380,948
2901.	Miscellaneous revenue				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	186,774,156	185,340,432	185,340,432
34.	Net income or (loss) from Line 32	(41,738,982)	(10,036,800)	546,074
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	791,483	1,637,082	1,417,113
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			309,835
39.	Change in nonadmitted assets	(1,805,540)	23,591	(839,298)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	45,000,000		
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,246,961	(8,376,127)	1,433,724
49.	Capital and surplus end of reporting period (Line 33 plus 48)	189,021,117	176,964,305	186,774,156
DETAILS OF WRITE-INS				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	1,474,015,926	1,766,487,092	2,230,496,405
2.	Net investment income	4,967,875	2,811,656	4,269,107
3.	Miscellaneous income		14,810,176	14,810,177
4.	TOTAL (Lines 1 to 3)	1,478,983,801	1,784,108,924	2,249,575,689
5.	Benefit and loss related payments	1,336,952,864	1,611,253,952	2,085,240,665
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	211,681,697	169,629,571	223,244,930
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....1,255 tax on capital gains (losses)	4,510,002	5,498,507	5,177,485
10.	TOTAL (Lines 5 through 9)	1,553,144,563	1,786,382,030	2,313,663,080
11.	Net cash from operations (Line 4 minus Line 10)	(74,160,762)	(2,273,106)	(64,087,391)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	15,061,805	19,827,658	25,287,896
12.2	Stocks	2,414,038	10,342	314,342
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	77,423	85,027	85,027
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds	28,278	5,432	
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	17,581,544	19,928,459	25,687,265
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	16,934,164	24,974,126	35,790,258
13.2	Stocks	2,402,087	3,525,317	3,984,105
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications		19,266	338,164
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	19,336,251	28,518,709	40,112,527
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,754,707)	(8,590,250)	(14,425,262)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	45,000,000		
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(10,943,294)	(14,114,271)	(3,443,986)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	34,056,706	(14,114,271)	(3,443,986)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(41,858,763)	(24,977,627)	(81,956,638)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	226,877,232	308,833,871	308,833,871
19.2	End of period (Line 18 plus Line 19.1)	185,018,469	283,856,244	226,877,232

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
---------	--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	517,338	5,261						12,675	499,402	
2. First Quarter	508,651	6,047						16,663	485,941	
3. Second Quarter	525,779	5,351						17,768	502,660	
4. Third Quarter	530,683	5,038						18,942	506,703	
5. Current Year										
6. Current Year Member Months	4,719,149	50,659						156,449	4,512,041	
Total Member Ambulatory Encounters for Period:										
7. Physician	4,245,092	13,495						281,005	3,950,592	
8. Non-Physician	4,369,052	7,218						443,059	3,918,775	
9. Total	8,614,144	20,713						724,064	7,869,367	
10. Hospital Patient Days Incurred	153,983	608						19,241	134,134	
11. Number of Inpatient Admissions	39,876	124						3,185	36,567	
12. Health Premiums Written (a)	1,460,414,835	14,262,326						182,548,401	1,263,604,108	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,458,268,852	14,092,182						182,481,270	1,261,695,400	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,336,952,864	8,320,622						154,514,877	1,174,117,365	
18. Amount Incurred for Provision of Health Care Services	1,347,146,598	8,399,901						136,156,449	1,202,590,248	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....182,548,401.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
.....
.....
.....
.....
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	49,278,057	5,286,080	3,446,286	3,693,514	5,164,714	66,868,651
0499999 Subtotals	49,278,057	5,286,080	3,446,286	3,693,514	5,164,714	66,868,651
0599999 Unreported claims and other claim reserves						193,902,659
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						260,771,310
0899999 Accrued Medical Incentive Pool And Bonus Amounts						6,465,119

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	1,759,520	6,549,442	221,308	2,553,066	1,980,828	2,639,379
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	17,209,495	137,226,236	1,583,400	37,403,160	18,792,895	25,271,750
7.	Title XIX - Medicaid	184,854,277	982,055,150	20,225,677	198,784,699	205,079,954	201,930,466
8.	Other health						2,753
9.	Health subtotal (Lines 1 to 8)	203,823,292	1,125,830,828	22,030,385	238,740,925	225,853,677	229,844,348
10.	Healthcare receivables (a)	13,395,218	4,998,761	1,461,009	35,226,257	14,856,227	29,102,747
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	4,525,975	3,148,086	13,000	6,452,119	4,538,975	3,596,656
13.	Totals (Lines 9 - 10 + 11 + 12)	194,954,049	1,123,980,153	20,582,376	209,966,787	215,536,425	204,338,257

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

Note 1 –Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the “Company”) operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan, and a Medicare – Medicaid Alignment Initiative Plan and offers metal and catastrophic plans on the Federal Health Insurance Marketplace.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires the transfer payment program Specialty Network Access Fee (“SNAF”), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP this type of pass-through arrangement is reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		SSAP	F/S	F/S	2018	2017
		#	Page	Line		
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	\$ (41,738,982)	\$ 546,074
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$ -	\$ -
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$ -	\$ -
(4)	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	\$ (41,738,982)	\$ 546,074
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	\$ 189,021,117	\$ 186,774,156
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$ -	\$ -
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$ -	\$ -
(8)	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	\$ 189,021,117	\$ 186,774,156

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also requires disclosures of contingent assets and liabilities at the date of the

Notes to Financial Statement

financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are provided to eligible members. Expenses are charged to operations as incurred.

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost using the scientific interest method.
3. Common stocks are stated at fair market value.
4. The Company had no preferred stock.
5. The Company had no mortgage loans on real estate.
6. The Company had no loan-backed securities.
7. The Company had no investments in subsidiaries, controlled or affiliated entities.
8. The Company has a minor ownership interests in a joint venture. The Company carries this interest based on the underlying audited GAAP equity of the investee.
9. The Company had no derivatives.
10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
12. The Company has no property and equipment and related capitalization policy.
13. Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

The Company has been directed by the Michigan Department of Insurance and Financial Services to change the method of accounting for the managed care Medicaid pass-through payments, which consist of the Graduate Medical Education ("GME"), and the Hospital Rate Adjustment ("HRA"), starting with the June 30, 2018 reporting period. Prior to this change these programs were recorded as premium income and the resulting payments to providers as hospital/medical expense. The Company now treats all transactions related to these programs as uninsured plans in accordance with SSAP 47, and reports any outstanding balance payable as a liability for amounts held under uninsured plans.

The Company continues to report the SNAF program pass-through payments as premium income and hospital/medical expense as disclosed in Note 1.

Note 3 - Business Combinations and Goodwill

None

Note 4 - Discontinued Operations

None

Note 5 - Investments

- D. Loan – Backed Securities – None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Working Capital Finance Investments – None

Notes to Financial Statement

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

Note 7 - Investment Income

No change

Note 8 - Derivative Instruments

None

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

A. - C. As disclosed in Note 21, on September 1, 2018 the Company’s parent, Caidan Holding Company, Inc. and Subsidiaries, along with related parties Caidan Management Company, LLC and MeridianRx, LLC were acquired by WellCare Health Plans, Inc. Subsequent to the acquisition the Company received a capital contribution from Caidan Holding Company, Inc. of \$45,000,000.

Note 11 - Debt

- A. Outstanding Debt – None
- B. FHLB (Federal Home Loan Bank) Agreements - None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

A.– D. Defined Benefit Plan - None

Note 13 - Capital and Surplus, Stockholders’ Dividend Restrictions, and Quasi-Reorganizations

No change

Note 14 - Contingencies

None

Note 15 - Leases

None

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales - None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

As of September 30, 2018 the Company has received payments totaling \$326,687,369 and paid a total of \$326,514,106 to the hospitals on behalf of the Michigan Department of Health and Human Services for the managed care Medicaid pass-through programs GME and HRA.

Notes to Financial Statement

The gain from operations from administering the pass-through program payments were as follows as of September 30, 2018:

Reference	Description	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Gross reimbursement for medical cost incurred	\$ -	\$ 326,687,369	\$ 326,687,369
b.	Gross administrative fees accrued	\$ -	\$ -	\$ -
c.	Other income or expenses (including interest paid to or received from plans	\$ -	\$ -	\$ -
d.	Gross Expenses incurred (claims and administrative)	\$ -	\$ 326,687,369	\$ 326,687,369
e.	Total net gain or loss from operations	\$ -	\$ -	\$ -

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20 – Fair Value Measurements

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Common Stocks	\$ 18,023,280			\$ 18,023,280
99	Subtotal – Assets at fair value	\$ 18,023,280			\$ 18,023,280
b.	Liabilities at fair value				
1	Derivatives				
2					
99	Subtotal – Liabilities at fair value				

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. The Company does not have any securities that have transferred between levels.

4. The Company has not valued any securities at a Level 2 or 3.

5. Derivative assets and liabilities – None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

Type of Financial Instruments	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 107,339,467	\$ 109,223,485	\$ -	\$ 107,339,467	\$ -	\$ -
Short-term investments	\$ 70,336,014	\$ 70,374,225	\$ -	\$ 70,336,014	\$ -	\$ -
Cash Equivalent	\$ 5,060,749	\$ 5,060,749	\$ 5,060,749	\$ -	\$ -	\$ -
Common Stock	\$ 18,023,280	\$ 18,023,280	\$ 18,023,280	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value – None

Notes to Financial Statement

Note 21 - Other Items

On September 1, 2018, WellCare Health Plans, Inc. completed the acquisition of Caidan Holding Company, Inc. and Subsidiaries (Meridian Health Plan of Michigan, Inc. and Meridian Health Plan of Illinois, Inc.), Caidan Management Company, LLC, and MeridianRx, LLC (collectively, “Meridian”) for an estimated purchase price of approximately \$2.5 billion in cash, subject to certain purchase price adjustments, as described in the purchase agreement. The Meridian acquisition was funded through a combination of cash on hand, revolving credit facility, net proceeds from Senior Notes and net proceeds from issuance of common stock.

Note 22 - Events Subsequent

No change

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

E. Risk – Sharing Provisions of the Affordable Care Act (ACA)

1.

Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)?

Yes
- As of September 30, 2018, the Company estimated accrued retrospective premium adjustment of \$8,333,435 payable for the 2018 risk adjustment program.
2.

Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statement

				AMOUNT
a.	Permanent ACA Risk Adjustment Program			
	Assets			
		1	Premium adjustments receivable due to ACA Risk Adjustment	\$ -
	Liabilities			
		2	Risk adjustment user fees payable for ACA Risk Adjustment	\$ -
		3	Premium adjustments payable due to ACA Risk Adjustment	\$ (8,333,435)
	Operations (Revenue & Expense)			
		4	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (7,194,913)
		5	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 768,749
b.	Transitional ACA Reinsurance Program			
	Assets			
		1	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
		2	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
		3	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities			
		4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -
		5	Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
		6	Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)			
		7	Ceded reinsurance premiums due to ACA Reinsurance	\$ -
		8	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
		9	ACA Reinsurance Contributions - not reported as ceded premium	\$ -
c.	Temporary ACA Risk Corridors Program			
	Assets			
		1	Accrued retrospective premium due to ACA Risk Corridors	\$ -
	Liabilities			
		2	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)			
		3	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
		4	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statement

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1 Premium adjustments receivable	-	-	-	-	-	-	-	-	-	-	-
	2 Premium adjustments (payable)	-	(8,400,000)	-	(7,261,482)	-	(1,138,518)	-	1,138,518		-	-
	3 Subtotal ACA Permanent Risk Adjustment Program	-	(8,400,000)	-	(7,261,482)	-	(1,138,518)	-	1,138,518		-	-
b.	Transitional ACA Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-
	3 Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	-	-	-	-	-	-	-	-	-	-
	5 Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
	6 Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
c.	Temporary ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
	1 Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
d.	Total for ACA Risk Sharing Provisions	-	(8,400,000)	-	(7,261,482)	-	(1,138,518)	-	1,138,518		-	-

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridor Program Year			Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
							Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			1	2	3	4	5	6	7	8	Ref	9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	2014												
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	A	0	0
	2.	Reserve for rate credits or policy experience rating refunds											
b.	2015												
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	A	0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
c.	2016												
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0		0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
d.	Total for Risk Corridors			0	0	0		0	0	0		0	0

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$233,441,004 for unpaid claims and incentives and \$0 for unpaid claims adjustment expenses. As of September 30, 2018, \$222,595,787 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$22,043,385 reserves remaining for prior years. Therefore there has been an \$11,198,168 unfavorable prior year development since December 31, 2017 to September 30, 2018. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

Note 28 - Health Care Receivables

Notes to Financial Statement

No change

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[X] No[]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

The Company has been acquired by WellCare Health Plans, Inc. resulting in a change of ownership and new organizational structure.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[X] No[]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001279363
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2017.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2014.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....03/31/2016.....
- 6.4 By what department or departments?

DIFS
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
..... No .....	..... No .....	..... No .....	..... No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Yes[X] No[]

Yes[] No[X]

Yes[] No[X]

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank	411 W. Lafayette, Detroit, 48226
Illinois National Bank	322 E. Capital, Springfield, IL 62701
.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]
- 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
RSW Investments .....	..... U
Madison Scottsdale .....	..... U
Wells Fargo Advisors .....	..... U

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[X] No[]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[] No[X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
134261	RSW Investments	n/a	SEC .....	..... NO
110297	Madison Scottsdale	n/a	SEC .....	..... NO
19616	Wells Fargo Advisors	88KRVSOEKUGQZI3DKW55 ..	SEC .....	..... NO

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]
- 18.2 If no, list exceptions:
19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

GENERAL INTERROGATORIES (Continued)

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 94.837%
1.2 A&H cost containment percent	..... 2.595%
1.3 A&H expense percent excluding cost containment expenses	..... 7.462%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[X] No[]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
11835	04-1590940	07/01/2017	PARTNERRE AMER INS CO	DE	SS/A/I	Authorized		
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SS/A/I	Authorized		
11835	04-1590940	07/01/2018	PARTNERRE AMER INS CO	DE	SS/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	L								
9.	District of Columbia (DC)	L								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	L								
15.	Indiana (IN)	L		6,360					6,360	
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L								
19.	Louisiana (LA)	N								
20.	Maine (ME)	L								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	14,262,326	180,767,085	1,263,604,108				1,458,633,519	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L		1,774,956					1,774,956	
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	14,262,326	182,548,401	1,263,604,108				1,460,414,835	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	14,262,326	182,548,401	1,263,604,108				1,460,414,835	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

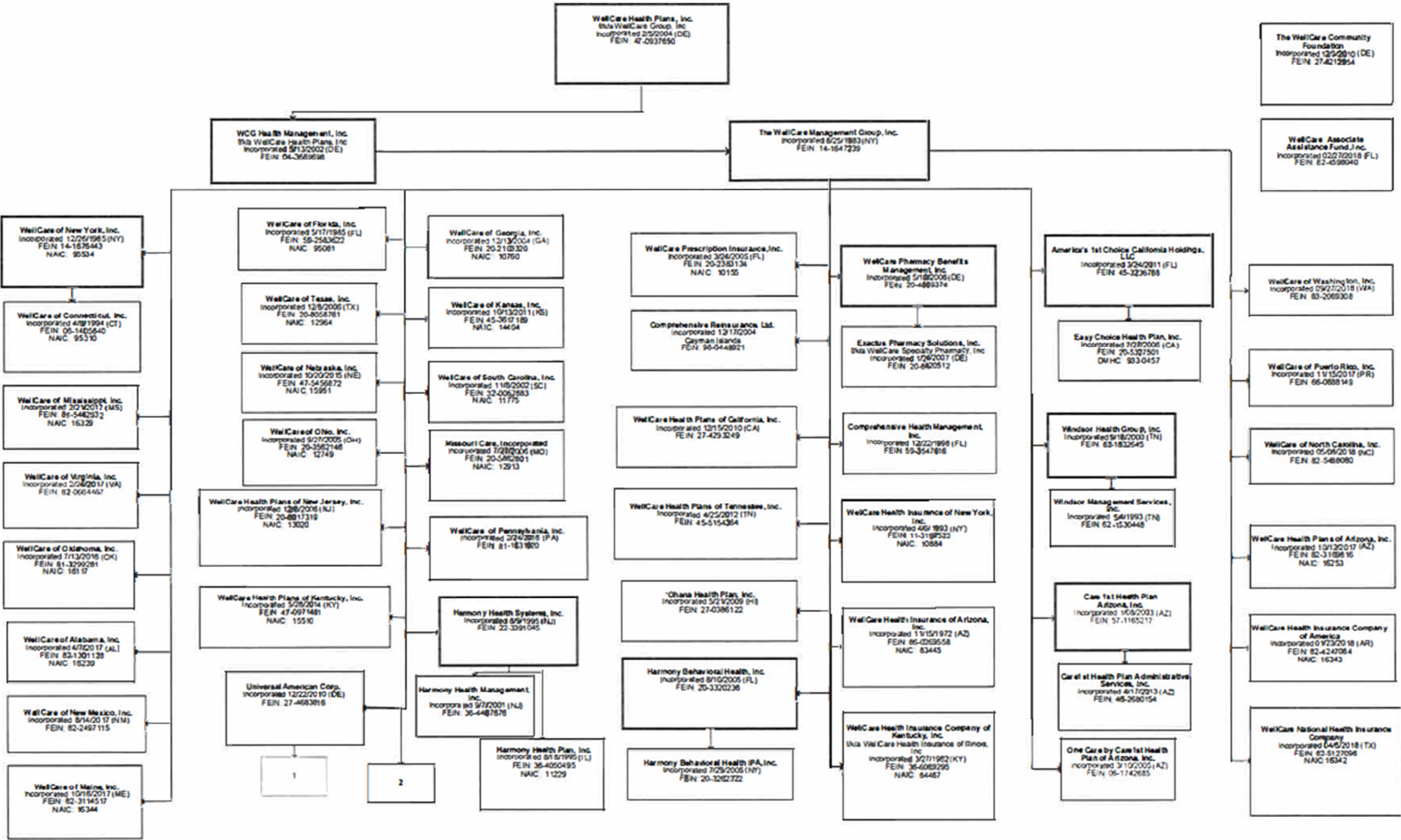
(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

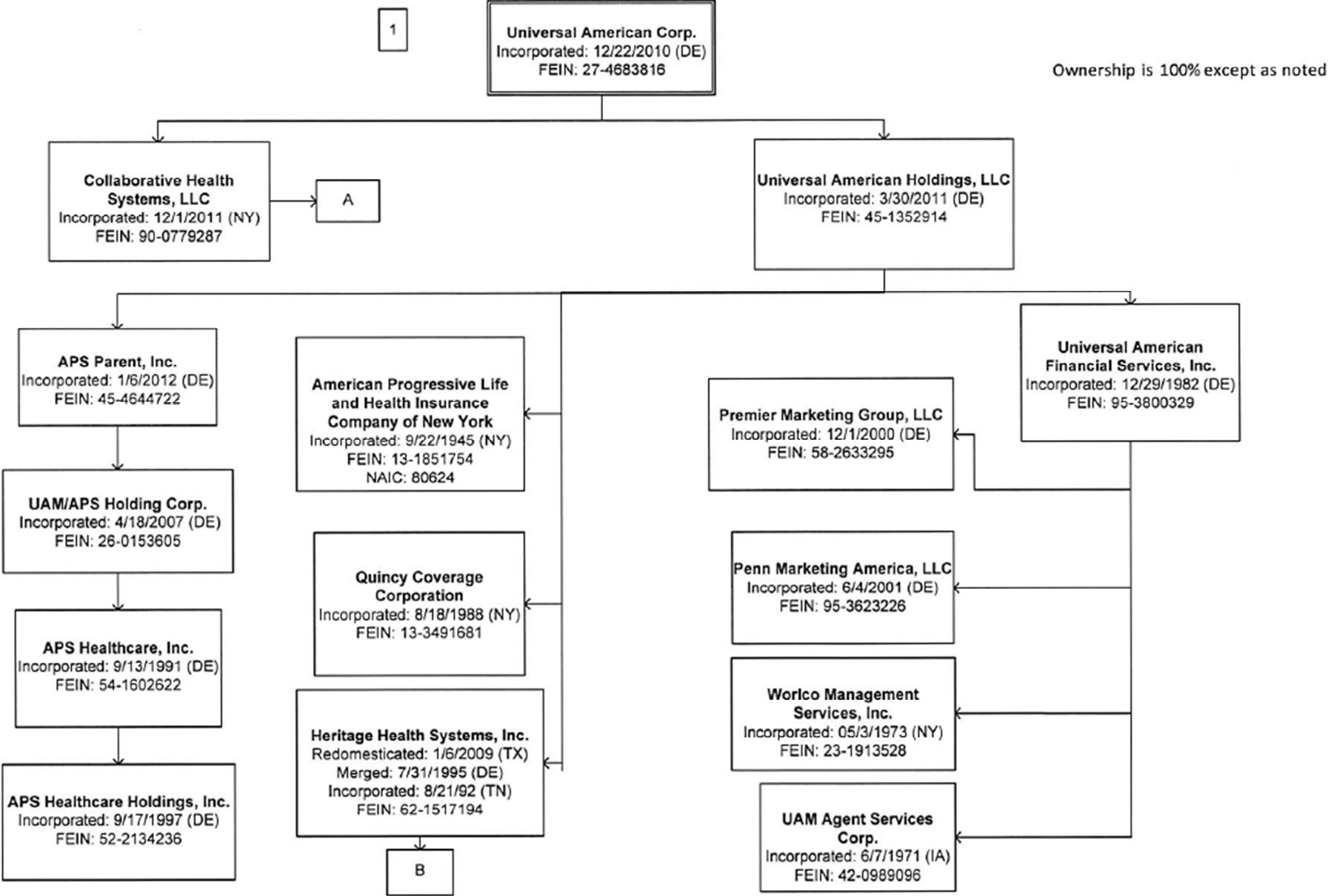
- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

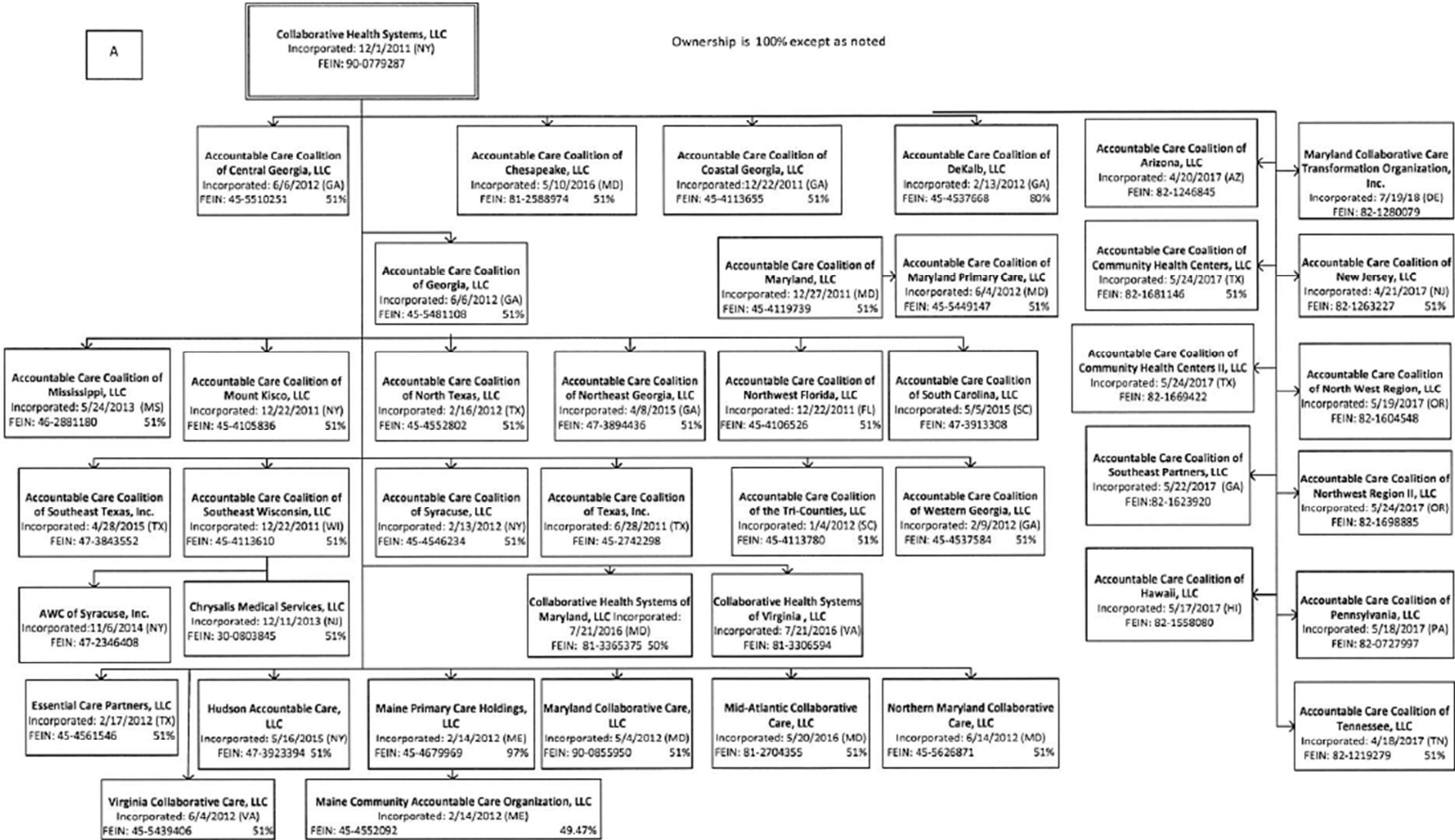
Corporate Organization Chart of The WellCare Group of Companies as of September 30, 2018



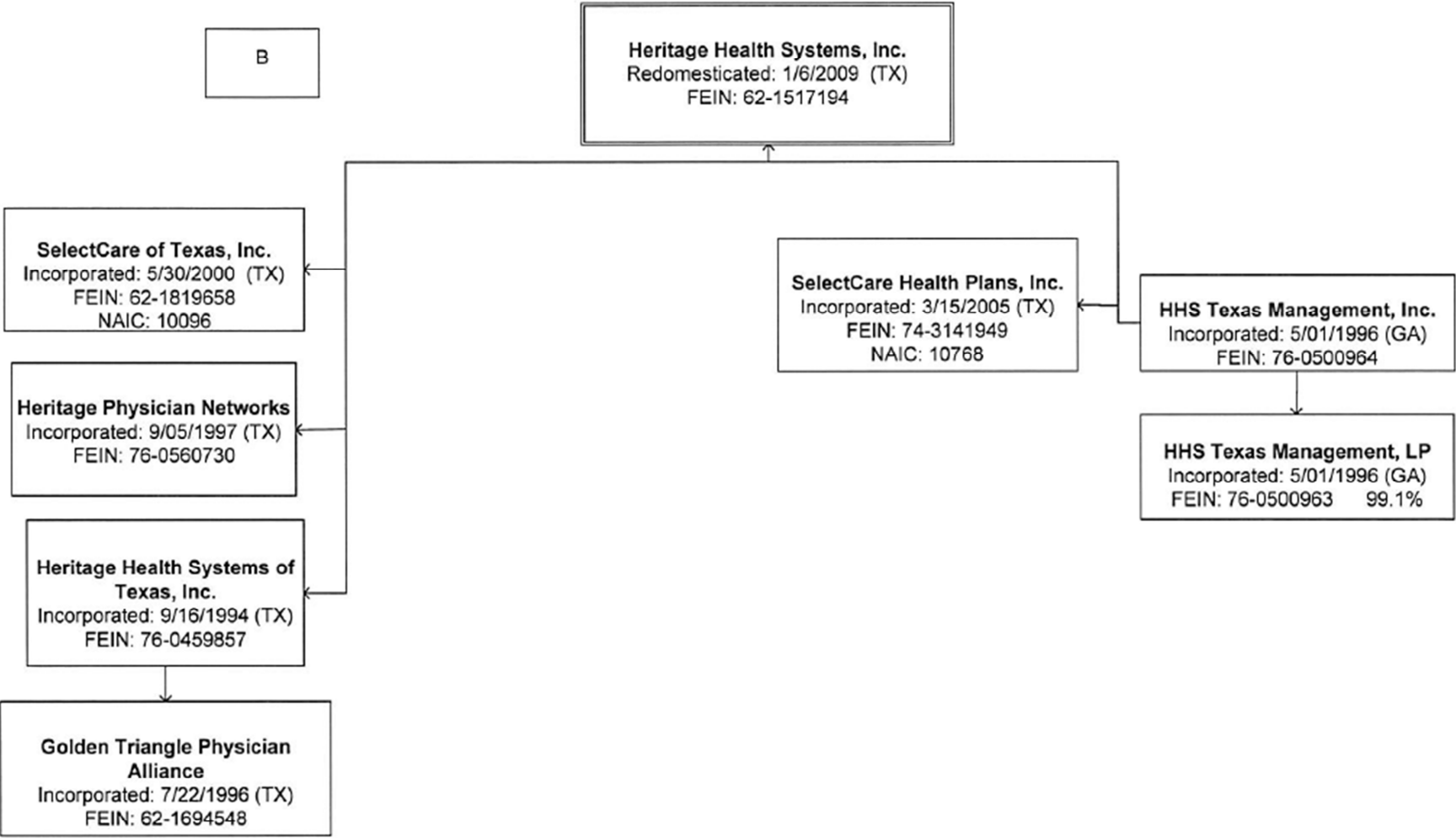
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



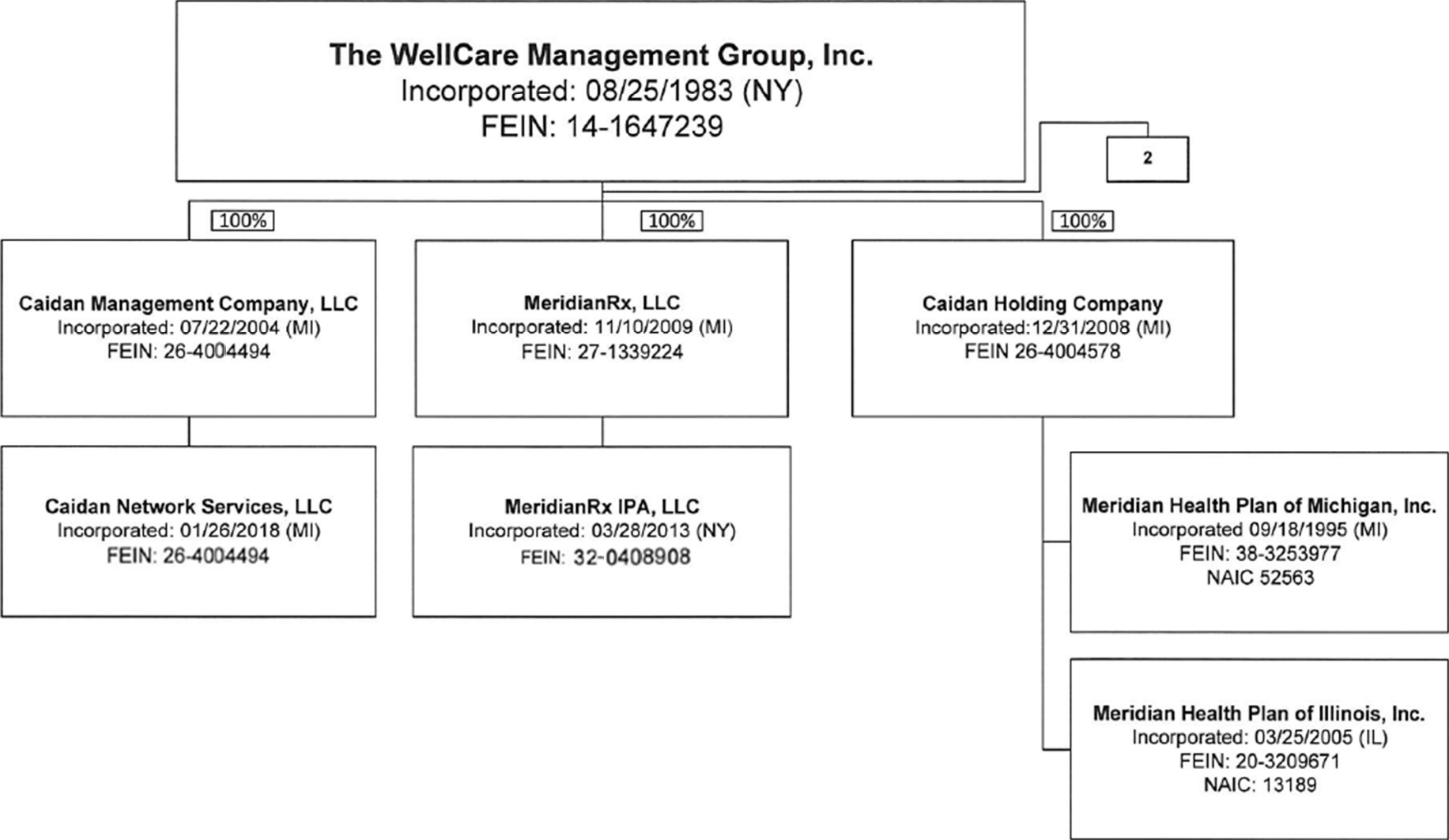
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
916	WellCare Health Plans Inc.	95310	06-1405640	.....	.....	.....	WellCare of Connecticut Inc.	CT	IA	WellCare of New York, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	95081	59-2583622	.....	.....	.....	WellCare of Florida Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	59-3547616	.....	.....	.....	Comprehensive Health Management Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	14-1647239	.....	.....	.....	The WellCare Management Group, Inc.	NY	UDP	WCG Health Management, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	95534	14-1676443	.....	.....	.....	WellCare of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	20-3320236	.....	.....	.....	Harmony Behavioral Health Inc.	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	11229	36-4050495	.....	.....	.....	Harmony Health Plan Inc.	IL	IA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	22-3391045	.....	.....	.....	Harmony Health Systems Inc.	IL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	36-4467676	.....	.....	.....	Harmony Health Management Inc.	IL	NIA	Harmony Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	47-0937650	.....	0001279363	NYSE	WellCare Health Plans Inc.	FL	UIP	Shareholders				N	0000001
	WellCare Health Plans Inc.	00000	04-3669698	.....	.....	.....	WCG Health Management Inc.	FL	UIP	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	10760	20-2103320	.....	.....	.....	WellCare of Georgia Inc.	GA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	98-0448921	.....	.....	.....	Comprehensive Reinsurance Ltd.	CYM	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	10155	20-2383134	.....	.....	.....	WellCare Prescription Insurance Inc.	FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	12749	20-3562146	.....	.....	.....	WellCare of Ohio Inc.	OH	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	0000001
	WellCare Health Plans Inc.	00000	20-3262322	.....	.....	.....	Harmony Behavioral Health IPA Inc.	NY	NIA	Harmony Behavioral Health, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	20-4869374	.....	.....	.....	WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	83445	86-0269558	.....	.....	.....	WellCare Health Insurance of Arizona Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	64467	36-6069295	.....	.....	.....	WellCare Health Insurance Company of Kentucky Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	12956	11-3197523	.....	.....	.....	WellCare Health Insurance of New York Inc.	NY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	13020	20-8017319	.....	.....	.....	WellCare Health Plans of New Jersey Inc.	NJ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	12964	20-8058761	.....	.....	.....	WellCare of Texas Inc.	TX	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	20-8420512	.....	.....	.....	Exactus Pharmacy Solutions, Inc.	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	27-0386122	.....	.....	.....	Ohana Health Plans, Inc.	HI	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	27-4293249	.....	.....	.....	WellCare Health Plans of California, Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	14404	45-3617189	.....	.....	.....	WellCare of Kansas, Inc.	KS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	45-5154364	.....	.....	.....	WellCare Health Plans of Tennessee, Inc.	TN	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	45-3236788	.....	.....	.....	America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	20-5327501	.....	.....	.....	Easy Choice Health Plan, Inc.	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	11775	32-0062883	.....	.....	.....	WellCare of South Carolina, Inc.	SC	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	12913	20-5862801	.....	.....	.....	Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	27-4212954	.....	.....	.....	The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	62-1832645	.....	.....	.....	Windsor Health Group, Inc.	TN	NIA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	62-1530448	.....	.....	.....	Windsor Management Services, Inc.	TN	NIA	Windsor Health Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	15510	47-0971481	.....	.....	.....	WellCare Health Plans of Kentucky, Inc.	KY	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	15951	47-5456872	.....	.....	.....	WellCare of Nebraska, Inc.	NE	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	81-1631920	.....	.....	.....	WellCare of Pennsylvania, Inc.	PA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	16117	81-3299281	.....	.....	.....	WellCare of Oklahoma, Inc.	OK	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	06-1742685	.....	.....	.....	One Care by Care 1st Health Plan of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	57-1165217	.....	.....	.....	Care 1st Health Plan Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	46-2680154	.....	.....	.....	Care 1st Health Plan Administrative Services, Inc.	AZ	NIA	Care 1st Health Plan Arizona, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	16329	81-5442932	.....	.....	.....	WellCare of Mississippi, Inc.	MS	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	00000	82-0664467	.....	.....	.....	WellCare of Virginia, Inc.	VA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
	WellCare Health Plans Inc.	16239	82-1301128	.....	.....	.....	WellCare of Alabama, Inc.	AL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	.....

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199	WellCare Health Plans Inc.	00000	82-1246845	.....	.....	.....	Accountable Care Coalition of Arizona, LLC	AZ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4112652	.....	.....	.....	Accountable Care Coalition of Caldwell County, LLC	NC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-5510251	.....	.....	.....	Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	81-2588974	.....	.....	.....	Accountable Care Coalition of Chesapeake, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4113655	.....	.....	.....	Accountable Care Coalition of Coastal Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1681146	.....	.....	.....	Accountable Care Coalition of Community Health Centers, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1669422	.....	.....	.....	Accountable Care Coalition of Community Health Centers II, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4537668	.....	.....	.....	Accountable Care Coalition of DeKalb, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	80.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-5481108	.....	.....	.....	Accountable Care Coalition of Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1623920	.....	.....	.....	Accountable Care Coalition of Southeast Partners, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1558080	.....	.....	.....	Accountable Care Coalition of Hawaii, LLC	HI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-5449147	.....	.....	.....	Accountable Care Coalition of Maryland Primary Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4119739	.....	.....	.....	Accountable Care Coalition of Maryland, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	46-2881180	.....	.....	.....	Accountable Care Coalition of Mississippi, LLC	MS	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4105836	.....	.....	.....	Accountable Care Coalition of Mount Kisco, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1263227	.....	.....	.....	Accountable Care Coalition of New Jersey, LLC	NJ	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4552802	.....	.....	.....	Accountable Care Coalition of North Texas, LLC	TX	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	47-3894436	.....	.....	.....	Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4106526	.....	.....	.....	Accountable Care Coalition of Northwest Florida, LLC	FL	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1604548	.....	.....	.....	Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-1698885	.....	.....	.....	Accountable Care Coalition of North West Region II, LLC	OR	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	82-0727997	.....	.....	.....	Accountable Care Coalition of Pennsylvania, LLC	PA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	47-3913308	.....	.....	.....	Accountable Care Coalition of South Carolina, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	47-3843552	.....	.....	.....	Accountable Care Coalition of Southeast Texas, Inc.	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	.....
1199	WellCare Health Plans Inc.	00000	45-4113610	.....	.....	.....	Accountable Care Coalition of Southeast Wisconsin	WI	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	.....

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q162

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199	WellCare Health Plans Inc. ...	00000	45-4546234				Accountable Care Coalition of Syracuse, LLC	NY	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	82-1219279				Accountable Care Coalition of Tennessee, LLC	TN	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-2742298				Accountable Care Coalition of Texas, Inc.	TX	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4113780				Accountable Care Coalition of the Tri-Counties, LLC	SC	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4537584				Accountable Care Coalition of Western Georgia, LLC	GA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	80624	13-1851754				American Progressive Life & Health Insurance Company of New York	NY	IA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	52-2134236				APS Healthcare Holdings, Inc.	DE	NIA	APS Healthcare, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	54-1602622				APS Healthcare, Inc.	DE	NIA	UAM/APS Holding Corp.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4644722				APS Parent, Inc.	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	30-0803845				Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	81-3365375				Collaborative Health Systems of Maryland, Inc.	MD	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	81-3306594				Collaborative Health Systems of Virginia, Inc.	VA	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	90-0779287				Collaborative Health Systems, LLC	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4561546				Essential Care Partners, LLC	TX	NIA	Collaborative Health Systems, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	62-1694548				Golden Triangle Physician Alliance	TX	NIA	Heritages Health Systems of Texas Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	76-0459857				Heritage Health Systems of Texas, Inc.	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	62-1517194				Heritage Health Systems, Inc.	TX	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	76-0560730				Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	76-0500964				HHS Texas Management, Inc.	GA	NIA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	47-3923394				Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4552092				Maine Community Accountable Care Organization, LLC	ME	NIA	Maine Primary Care Holdings, LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-4679969				Maine Primary Care Holdings, LLC	ME	NIA	Collaborative Health Systems LLC	Ownership	97.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	90-0855950				Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	81-2704355				Mid-Atlantic Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-5626871				Northern Maryland Collaborative Care, LLC	MD	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	58-2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	10768	74-3141949				SelectCare Health Plans, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	10096	62-1819658				SelectCare of Texas, Inc.	TX	IA	Heritage Health Systems, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	42-0989096				UAM Agent Services Corp.	IA	NIA	Universal American Financial Services	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	26-0153605				UAM/APS Holding Corp.	DE	NIA	APS Parent, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	27-4683816				Universal American Corp.	DE	UIP	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	95-3800329				Universal American Financial Services	DE	NIA	Universal American Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-1352914				Universal American Holdings, LLC	DE	UIP	Universal American Corp	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	45-5439406				Virginia Collaborative Care, LLC	VA	NIA	Collaborative Health Systems LLC	Ownership	51.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	23-1913528				Worlco Management Services, Inc.	NY	NIA	Worlco Management Services	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	82-2497115				WellCare of New Mexico	NM	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	00000	47-2346408				AWC of Syracuse, Inc.	NY	NIA	Collaborative Health Systems LLC	Ownership	100.0	WellCare Health Plans, Inc.	N	
1199	WellCare Health Plans Inc. ...	16253	82-3169616				WellCare Health Plans of Arizona, Inc.	AZ	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199 ..	WellCare Health Plans Inc.	16344	82-3114517 .	.....			WellCare of Maine, Inc. ....	.. ME .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	66-0888149 .	.....			WellCare of Puerto Rico, Inc. ....	.. PR .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	82-4598040 .	.....			WellCare Associate Assistance Fund, Inc. ....	.. FL .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	16343	82-4247084 .	.....			WellCare Health Insurance Company of America .....	.. AR .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	16342	82-5127096 .	.....			WellCare National Health Insurance Company .....	.. TX .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	82-5488080 .	.....			WellCare of North Carolina, Inc. ....	.. NC .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	26-4004494 .	.....			Caidan Management Company, LLC ....	.. MI .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	26-4004494 .	.....			Caidan Network Services, LLC .....	.. MI .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	83-1280079 .	.....			Maryland Collaborative Care Transformation Organization, Inc. ....	.. DE .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	13189	20-3209671 .	.....			Meridian Health Plan of Illinois, Inc. ....	.. IL .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	52563	38-3253977 .	.....			Meridian Health Plan of Michigan, Inc. ....	.. MI .	... RE ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	83-2069308 .	.....			WellCare of Washington, Inc. ....	.. WA .	... IA ...	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	27-1339224 .	.....			MeridianRx, LLC .....	.. MI .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....
1199 ..	WellCare Health Plans Inc.	00000	32-0408908 .	.....			MeridianRX IPA, LLC .....	.. NY .	... NIA ..	The WellCare Management Group, Inc.	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	.... N ....	.....

Asterisk	Explanation
0000001	The remaining percent is owned by one or more unaffiliate companies.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



52563201836500003

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
2504.
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
0604.	X X X .....	.....	.....	.....
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X .....	.....	.....	.....
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X .....	.....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704.
4705. 0
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)

STATEMENT AS OF **September 30, 2018** OF THE **Meridian Health Plan of Michigan, Inc.**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,306,535	1,306,535
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(13,502)	
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals	77,423	
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,215,610	1,306,535
12. Deduct total nonadmitted amounts	1,155,714	1,203,612
13. Statement value at end of current period (Line 11 minus Line 12)	59,896	102,923

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	125,882,020	111,029,352
2. Cost of bonds and stocks acquired	19,336,251	40,084,363
3. Accrual of discount	38,117	14,236
4. Unrealized valuation increase (decrease)	791,483	1,759,598
5. Total gain (loss) on disposals	(9,717)	352,771
6. Deduct consideration for bonds and stocks disposed of	17,503,429	25,602,238
7. Deduct amortization of premium	1,315,546	1,756,062
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	27,586	
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	127,246,765	125,882,020
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	127,246,765	125,882,020

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	140,617,411	6,632,066	9,654,397	(374,141)	138,329,855	140,617,411	137,220,940	145,120,636
2. NAIC 2 (a)	37,368,871	13,268,693	8,241,000	(19,794)	37,690,546	37,368,871	42,376,771	34,305,121
3. NAIC 3 (a)								529,495
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	177,986,282	19,900,759	17,895,397	(393,934)	176,020,401	177,986,282	179,597,710	179,955,252
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	177,986,282	19,900,759	17,895,397	(393,934)	176,020,401	177,986,282	179,597,710	179,955,252

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....36,166,295; NAIC 2 \$.....34,207,930; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	70,374,225	X X X	70,379,366	483,022	213,283

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	71,295,068	83,072,839
2.	Cost of short-term investments acquired	57,899,668	22,355,753
3.	Accrual of discount	61,096	4,650
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(15,778)	(49,898)
6.	Deduct consideration received on disposals	58,415,796	32,410,767
7.	Deduct amortization of premium	450,033	1,677,509
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	70,374,225	71,295,068
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	70,374,225	71,295,068

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,076,605	.....
2.	Cost of cash equivalents acquired	78,776,677	123,518,295
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals	75,792,533	121,441,690
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	5,060,749	2,076,605
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11)	5,060,749	2,076,605

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
088365DC2 ..	BEXAR CNTY TEX HOSP DIST .....		.. 09/01/2018 ..	Not Provided .....	..... X X X .....	..... (690,335) .....	..... (630,000) .....	..... (11,200)	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions .....					..... X X X .....	..... (690,335) .....	..... (630,000) .....	..... (11,200) .....	..... X X X
Bonds - U.S. Special Revenue, Special Assessment									
088365DC2 ..	BEXAR CNTY TEX HOSP DIST .....		.. 09/01/2018 ..	Not Provided .....	..... X X X .....	..... 690,335 .....	..... 630,000 .....	..... 11,200	1FE
79574CBY8 ..	SALT RIVER PROJ ARIZ AGRIC IMPT & PWR DI .....		.. 08/16/2018 ..	Not Provided .....	..... X X X .....	..... 494,964 .....	..... 425,000 .....	..... 2,892	1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment .....					..... X X X .....	..... 1,185,299 .....	..... 1,055,000 .....	..... 14,092 .....	..... X X X
8399997 Subtotal - Bonds - Part 3 .....					..... X X X .....	..... 494,964 .....	..... 425,000 .....	..... 2,892 .....	..... X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
8399999 Subtotal - Bonds .....					..... X X X .....	..... 494,964 .....	..... 425,000 .....	..... 2,892 .....	..... X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....					..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
8999999 Subtotal - Preferred Stocks .....					..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
Common Stocks - Mutual Funds									
09251T509 ..	BLACKROCK:GL ALLOC;I .....		.. 07/20/2018 ..	Not Provided .....	..... 261.089 .....	..... 5,133 .....	..... X X X		U
24610C857 ..	DELAWARE VALUE INST .....	.. C ..	.. 09/24/2018 ..	Not Provided .....	..... 287.106 .....	..... 6,721 .....	..... X X X		U
30254T759 ..	FPA CRESCENT .....		.. 07/03/2018 ..	Not Provided .....	..... 266.445 .....	..... 9,128 .....	..... X X X		U
413838756 ..	OAKMARK GLOBAL SEL ADV .....		.. 09/01/2018 ..	VARIOUS .....	..... 87,476.280 .....	..... 1,492,814 .....	..... X X X		V
74253Q747 ..	PRINCIPAL:MIDCAP;INST .....		.. 08/09/2018 ..	Not Provided .....	..... 25.704 .....	..... 745 .....	..... X X X		U
9299999 Subtotal - Common Stocks - Mutual Funds .....					..... X X X .....	..... 1,514,541 .....	..... X X X .....		..... X X X
9799997 Subtotal - Common Stocks - Part 3 .....					..... X X X .....	..... 1,514,541 .....	..... X X X .....		..... X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....					..... X X X .....	..... X X X .....	..... X X X .....	..... X X X .....	..... X X X
9799999 Subtotal - Common Stocks .....					..... X X X .....	..... 1,514,541 .....	..... X X X .....		..... X X X
9899999 Subtotal - Preferred and Common Stocks .....					..... X X X .....	..... 1,514,541 .....	..... X X X .....		..... X X X
9999999 Total - Bonds, Preferred and Common Stocks .....					..... X X X .....	..... 2,009,504 .....	..... X X X .....	..... 2,892 .....	..... X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues4.

QEO5

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

CUSIP Identification	Description	CUSIP Identification	Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)				
												11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.											
Bonds - U.S. Governments																											
36296DJ82	GN 687987 - RMBS		09/01/2018	Paydown	XXX	271	271	284	279	(8)			(8)		271		0		0	9	10/15/2023	1					
36296JCv5	GN 692284 - RMBS		09/01/2018	Paydown	XXX	1,329	1,329	1,373	1,379	(50)			(50)		1,329				35	08/15/2039	1						
36297FSv5	GN 710732 - RMBS		09/01/2018	Paydown	XXX	2,102	2,102	2,186	2,148	(46)			(46)		2,102				60	08/15/2024	1						
38373MR51	GNR 0814A C - CMBS		09/01/2018	Paydown	XXX	7,062	7,062	7,393	7,226	(164)			(164)		7,062		0		212	12/16/2042	1						
38373SW78	GNR 0335 TB - CMO/RMBS		09/01/2018	Paydown	XXX	1,487	1,487	1,502	1,496	(9)			(9)		1,487		0		37	03/16/2033	1						
38375CWOQ9	GNR 1243E JP - CMO/RMBS		09/01/2018	Paydown	XXX	8,263	8,263	8,698	8,531	(269)			(269)		8,263		0		146	07/20/2039	1						
38376YXA4	GNR 1043D QA - CMO/RMBS		09/01/2018	Paydown	XXX	36,350	36,350	37,395	37,152	(802)			(802)		36,350		0		658	02/20/2039	1						
38377FY54	GNR 1073B CA - CMO/RMBS		09/01/2018	Paydown	XXX	34,472	34,472	35,829	35,011	(539)			(539)		34,472		0		1,033	08/20/2035	1						
38377JPQ0	GNR 1098F VA - CMO/RMBS		09/20/2018	Paydown	XXX	29,623	29,623	33,344	29,869	(365)			(365)		29,623				1,036	09/20/2021	1						
38377JZM8	GNR 10125B MJ - CMO/RMBS		09/01/2018	Paydown	XXX	3,807	3,807	3,929	3,813	(11)			(11)		3,807		0		90	04/20/2039	1						
38377KCH1	GNR 10114B MK - CMO/RMBS		09/01/2018	Paydown	XXX	33,209	33,209	34,319	34,131	(922)			(922)		33,209		0		598	03/20/2039	1						
38377MH82	GNR 10147F PH - CMO/RMBS		09/01/2018	Paydown	XXX	15,209	15,209	15,604	15,569	(360)			(360)		15,209		0		248	05/20/2040	1						
38378BX53	GNR 12132 AE - CMBS		09/01/2018	Paydown	XXX	109,038	109,038	107,743	107,703	1,335			1,335		109,038		0		1,347	06/16/2053	1						
38378EP23	GNR 1261A PD - CMO/RMBS		09/01/2018	Paydown	XXX	47,883	47,883	48,242	48,179	(296)			(296)		47,883		0		573	04/20/2039	1						
38378J2R2	GNR 1341E LD - CMO/RMBS		09/01/2018	Paydown	XXX	49,674	49,674	49,177	49,295	380			380		49,674				443	01/20/2041	1						
38378ND91	GNR 1433 AB - CMBS		09/01/2018	Paydown	XXX	151,618	151,619	153,087	152,409	(790)			(790)		151,619		0		2,140	08/16/2039	1						
38378NMN0	GNR 13193 A - CMBS		09/01/2018	Paydown	XXX	18,341	18,341	18,433	18,388	(47)			(47)		18,341		0		215	09/16/2051	1						
38379JH61	GNR 1536J AB - CMO/RMBS		09/01/2018	Paydown	XXX	62,218	62,218	63,540	63,376	(1,157)			(1,157)		62,218		0		950	01/16/2040	1						
38379KEU8	GNR 1533 AH - CMBS		09/01/2018	Paydown	XXX	3,224	3,224	3,280	3,264	(40)			(40)		3,224		0		50	02/16/2045	1						
38379NYA4	GNR 15102H HA - CMO/RMBS		09/01/2018	Paydown	XXX	153,303	153,303	156,537	156,486	(3,182)			(3,182)		153,303		0		2,699	08/20/2041	1						
38380CXN8	GNR 174F BG - CMO/RMBS		09/01/2018	Paydown	XXX	44,561	44,561	44,506	44,506	56			56		44,561		0		653	05/20/2042	1						
831641EZ4	SBIC 1310B B - ABS		09/01/2018	Paydown	XXX	81,455	81,455	85,820	81,423	31			31		81,455				1,712	09/10/2023	1						
0599999 Subtotal - Bonds - U.S. Governments					XXX	894,500	894,500	912,223	901,634	(7,257)			(7,257)		894,500		0		0	14,942	XXX	XXX					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																											
234667JC8	DALLAS CNTY TEX HOSP DIST		08/15/2018	Maturity @ 100.00	XXX	55,000	55,000	55,000	55,000						55,000				2,391	08/15/2018	1FE						
250433NL9	DESERT SANDS CALIF UNI SCH DIST		08/01/2018	Call @ 100.00	XXX	865,000	865,000	984,612	887,742	(22,742)			(22,742)		865,000				49,738	08/01/2019	1FE						
283770HU2	EL PASO TEX INDPT SCH DIST		09/12/2018	Not Provided	XXX	140,813	125,000	142,534	(768)				(768)		141,766		(953)	(953)	3,628	08/15/2033	1FE						
3588023C8	FRISCO TEX INDPT SCH DIST		08/15/2018	Call @ 100.00	XXX	425,000	425,000	496,689	434,153	(9,153)			(9,153)		425,000				23,375	08/15/2022	1FE						
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					XXX	1,485,813	1,470,000	1,678,835	1,376,895	(32,663)			(32,663)		1,486,766		(953)	(953)	79,132	XXX	XXX						
Bonds - U.S. Special Revenue, Special Assessment																											
31283KWN4	FH G11553 - RMBS		09/01/2018	Paydown	XXX	821	821	831	822	0			0		821				21	04/01/2019	1						
3128KQD78	FH A60126 - RMBS		09/01/2018	Paydown	XXX	60	60	63	64	(4)			(4)		60				2	05/01/2037	1						
3128MCGH2	FH G13600 - RMBS		09/01/2018	Paydown	XXX	968	968	992	986	(18)			(18)		968		0	0	25	06/01/2024	1						
3128MMKX0	FH G18309 - RMBS		09/01/2018	Paydown	XXX	650	650	667	664	(13)			(13)		650		0	0	17	05/01/2024	1						
3128PNC9H	FH J09972 - RMBS		09/01/2018	Paydown	XXX	455	455	467	466	(12)			(12)		455		0	0	11	06/01/2024	1						
31297H4M8	FH A29828 - RMBS		09/01/2018	Paydown	XXX	436	436	445	444	(9)			(9)		436				13	02/01/2035	1						
31297VY69	FH A39733 - RMBS		09/01/2018	Paydown	XXX	89	89	90	91	(3)			(3)		89				3	11/01/2035	1						
31335HVE0	FH C90613 - RMBS		09/01/2018	Paydown	XXX	323	323	344	315	7			7		323		0	0	9	01/01/2023	1						
3136A1BN4	FNR 11103C JK - CMO/RMBS		09/01/2018	Paydown	XXX	16,443	16,443	16,895	16,655	(212)			(212)		16,443				248	11/25/2029	1						
3136A4E88	FNR 1217F QA - CMO/RMBS		09/01/2018	Paydown	XXX	4,450	4,450	4,470	4,452	(6)			(6)		4,450				52	07/25/2039	1						
3136A9AZ1	FNR 12106A MA - CMO/RMBS		09/01/2018	Paydown	XXX	670	670	677	685	(15)			(15)		670		0	0	8	06/25/2042	1						
3136AEJA6	FNR 1358A A - CMO/RMBS		09/01/2018	Paydown	XXX	85,367	85,367	85,927	85,793	(426)			(426)		85,367				1,010	12/25/2039	1						
3136AFDX9	FNR 1372E GB - CMO/RMBS		09/01/2018	Paydown	XXX	93,917	93,917	95,399	95,120	(1,204)			(1,204)		93,917		0	0	1,224	11/25/2042	1						
3136AH2M1	FNR 143B BL - CMO/RMBS		09/01/2018	Paydown	XXX	14,691	14,691	14,950	14,885	(194)			(194)		14,691		0	0	218	06/25/2043	1						
3136AHT74	FNR 1421H EA - CMO/RMBS		09/01/2018	Paydown	XXX	28,196	28,196	28,381	28,303	(106)			(106)		28,196		0	0	296	04/25/2029	1						
3136AKK93	FNR 1452C QG - CMO/RMBS		09/01/2018	Paydown	XXX	41,216	41,216	41,216	41,216						41,216		0	0	618	12/25/2043	1						
3136APH39	FNR 1555H QD - CMO/RMBS		09/01/2018	Paydown	XXX	60,804	60,804	62,428	62,568	(1,764)			(1,764)		60,804		0	0	1,101	10/25/2042	1						
3136AQQ78	FNR 1595D AP - CMO/RMBS		09/01/2018	Paydown	XXX	120,544	120,544	122,955	122,959	(2,415)			(2,415)		120,544		0	0	2,169	08/25/2042	1						
3136ARCK2	FNR 162B NA - CMO/RMBS		09/01/2018	Paydown	XXX	45,934	45,934	46,989	46,978	(1,043)			(1,043)		45,934		0	0	811	09/25/2040	1						
3136AW4X2	FNR 1753E PD - CMO/RMBS		09/01/2018	Paydown	XXX	35,023	35,023	34,881	34,883	140			140		35,023				511	07/25/2047	1						
3136B1ET7	FNR 1811E BW - CMO/RMBS		09/01/2018	Paydown	XXX	55,960	55,960	56,371	56,371	(411)			(411)		55,960				506	05/25/2044	1						
31371KSH5	FN 254420 - RMBS		09/01/2018	Paydown	XXX	2,079	2,079	2,142	2,td																		

QE05.1

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	g i n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
3137AH4V7	FHR 3936D KC - CMO/RMBS		09/01/2018	Paydown	X X X	9,166	9,166	9,144	9,152		15		15		9,166				82	03/15/2026	1
3137AKAW1	FHR 3982B ND - CMO/RMBS		09/01/2018	Paydown	X X X	15,262	15,262	15,439	15,399		(136)		(136)		15,262		0	0	188	10/15/2038	1
3137ALTS8	FHR 3996A GN - CMO/RMBS		09/01/2018	Paydown	X X X	23,859	23,859	24,888	24,481		(622)		(622)		23,859				443	11/15/2038	1
3137APKC3	FHR 4030G DA - CMO/RMBS		09/01/2018	Paydown	X X X	6,703	6,703	6,737	6,719		(16)		(16)		6,703				79	02/15/2041	1
3137AQXM5	FHR 4058B C - CMO/RMBS		09/01/2018	Paydown	X X X	19,940	19,940	20,875	20,673		(732)		(732)		19,940				418	08/15/2030	1
3137AWB95	FHR 4135E CE - CMO/RMBS		09/01/2018	Paydown	X X X	6,982	6,982	7,004	6,994		(13)		(13)		6,982				57	11/15/2027	1
3137AYEW7	FHR 4171 NG - CMO/RMBS		09/01/2018	Paydown	X X X	29,671	29,671	29,708	29,695		(24)		(24)		29,671	0	0	0	334	06/15/2042	1
3137B2ZH6	FHR 4221B HJ - CMO/RMBS		09/01/2018	Paydown	X X X	24,038	24,038	24,151	24,094		(56)		(56)		24,038	0	0	0	214	07/15/2023	1
3137BCA40	FHR 4371B E - CMO/RMBS		09/01/2018	Paydown	X X X	39,154	39,154	40,530	40,321	(1,168)			(1,168)		39,154	0	0	0	696	07/15/2037	1
3137BHGR2	FHR 4463C MG - CMO/RMBS		09/01/2018	Paydown	X X X	34,946	34,946	35,258	35,264	(317)			(317)		34,946	0	0	0	601	07/15/2043	1
3137BMH66	FHR 4535A JP - CMO/RMBS		09/01/2018	Paydown	X X X	102,513	102,513	103,987	103,969	(1,456)			(1,456)		102,513	0	0	0	1,779	11/15/2043	1
3137BYG9J	FHR 4680A KG - CMO/RMBS		09/01/2018	Paydown	X X X	156,153	156,153	159,876	159,729	(3,576)			(3,576)		156,153	0	0	0	2,754	09/15/2042	1
31394GU92	FHR 2666A BD - CMO/RMBS		09/01/2018	Paydown	X X X	2,543	2,543	2,708	2,639	(96)			(96)		2,543	0	0	0	67	08/15/2023	1
31395AX83	FHR 2829B DK - CMO/RMBS		09/01/2018	Paydown	X X X	3,183	3,183	3,373	3,198	(15)			(15)		3,183				65	07/15/2019	1
31396QZS1	FNR 0970D NL - CMO/RMBS		09/01/2018	Paydown	X X X	234	234	236	234	(7)			(7)		234	0	0	0	(18)	08/25/2019	1
31398QPP6	FHR 3679B AB - CMO/RMBS		09/01/2018	Paydown	X X X	18,970	18,970	19,539	19,248	(278)			(278)		18,970	0	0	0	296	05/15/2020	1
31402BXE9	FN 724377 - RMBS		08/01/2018	VARIOUS	X X X	232		232	232	0			0		232				9	08/01/2018	1
31402CVZ2	FN 725232 - RMBS		09/01/2018	Paydown	X X X	1,737	1,737	1,776	1,781	(44)			(44)		1,737				51	03/01/2034	1
31402DMP2	FN 725866 - RMBS		09/01/2018	Paydown	X X X	769	769	781	783	(14)			(14)		769	0	0	0	20	09/01/2034	1
31402RA41	FN 735427 - RMBS		09/01/2018	Paydown	X X X	60	60	60	60	0			0		60	0	0	0	10	12/01/2018	1
31403C6L0	FN 745275 - RMBS		09/01/2018	Paydown	X X X	679	679	695	698	(20)			(20)		679				20	02/01/2036	1
31403DDX4	FN 745418 - RMBS		09/01/2018	Paydown	X X X	729	729	763	772	(43)			(43)		729				23	04/01/2036	1
31410FWM3	FN 888152 - RMBS		09/01/2018	Paydown	X X X	987	987	1,027	996	(9)			(9)		987				29	05/01/2021	1
31412QWA3	FN 932241 - RMBS		09/01/2018	Paydown	X X X	919	919	949	927	(7)			(7)		919				21	12/01/2019	1
31414PZM4	FN 972448 - RMBS		09/01/2018	Paydown	X X X	259	259	271	277	(18)			(18)		259	0	0	0	10	03/01/2038	1
31414R7J8	FN 974397 - RMBS		09/01/2018	Paydown	X X X	349	349	358	360	(11)			(11)		349				9	04/01/2023	1
31416RFA6	FN AA7360 - RMBS		09/01/2018	Paydown	X X X	171	171	172	171	(1)			(1)		171				5	01/01/2034	1
31416RTG8	FN AA7750 - RMBS		09/01/2018	Paydown	X X X	973	973	974	972	1			1		973				23	06/01/2024	1
31417KQ59	FN AC1375 - RMBS		09/01/2018	Paydown	X X X	1,209	1,209	1,213	1,210	(1)			(1)		1,209				29	08/01/2024	1
34074MKC4	FLORIDA HSG FIN CORP REV		09/01/2018	Paydown	X X X	32,117	32,117	33,033	32,827	(709)			(709)		32,117	0	0	0	550	01/01/2036	1FE
44420RAR1	HUDSON YDS INFRASTRUCTURE																				
45441RCE0	CORP N Y SECON INDIAN RIVER CNTY FLA SCH BRD		09/12/2018	Not Provided	X X X	290,870	250,000	301,893	299,100	(3,394)			(3,394)		295,706		(4,836)	(4,836)	13,507	02/15/2030	1FE
594610ST0	CTFS PARTN MICHIGAN ST		07/01/2018 09/15/2018	Maturity @ 100.00 Call @ 100.00	X X X X X X	850,000 1,025,000	850,000 1,025,000	941,231 1,167,034	865,092 1,067,149	(15,092) (42,149)			(15,092) (42,149)		850,000 1,025,000				42,500 78,156	07/01/2018 09/15/2027	1FE 1FE
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	3,393,295	3,352,425	3,658,880	3,420,804	(79,056)			(79,056)		3,398,130		(4,836)	(4,836)	153,345	X X X	X X X
8399997	Subtotal - Bonds - Part 4				X X X	5,773,607	5,716,925	6,249,938	5,699,332	(118,975)			(118,975)		5,779,397		(5,790)	(5,790)	247,420	X X X	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	5,773,607	5,716,925	6,249,938	5,699,332	(118,975)			(118,975)		5,779,397		(5,790)	(5,790)	247,420	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
Common Stocks - Mutual Funds																					
30254T759	FPA CRESCENT		07/03/2018	Unknown		8,694	X X X										8,694	8,694		X X X	U
413838756	OAKMARK GLOBAL SEL ADV		09/01/2018	Adjustment			X X X		(2,556)	296			(2,556)						(17,819)	X X X	V
413838822	OAKMARK GLOBAL SEL INV		09/01/2018	Adjustment	87,608.690	1,492,814	X X X	1,492,814	1,690,848	(195,774)			(195,774)		1,492,814					X X X	U
74253Q747	PRINCIPAL-MIDCAP-INST		08/09/2018	Unknown		745	X X X										745	745		X X X	U
9299999	Subtotal - Common Stocks - Mutual Funds				X X X	1,502,252	X X X	1,492,814	1,688,292	(195,479)			(195,479)		1,492,814		9,438	9,438	(17,819)	X X X	X X X
9799997	Subtotal - Common Stocks - Part 4				X X X	1,502,252	X X X	1,492,814	1,688,292	(195,479)			(195,479)		1,492,814		9,438	9,438	(17,819)	X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	1,502,252	X X X	1,492,814	1,688,292	(195,479)			(195,479)		1,492,814		9,438	9,438	(17,819)	X X X	X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	1,502,252	X X X	1,492,814	1,688,292	(195,479)			(195,479)		1,492,814		9,438	9,438	(17,819)	X X X	X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	7,275,859	X X X	7,742,751	7,387,624	(195,479)			(195,479)		7,272,210		3,649	3,649	229,601	X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues3.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
JP Morgan Chase, Detroit, MI	Concentration Account						1,724,555	2,022,349	2,596,309	X X X
Comerica, Detroit, MI	General Account				443,800		133,933,269	142,933,294	106,969,116	X X X
0199998 Deposits in .....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X					18,071	X X X
0199999 Totals - Open Depositories			X X X	X X X	443,800		135,657,824	144,955,643	109,583,496	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories										
			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	443,800		135,657,824	144,955,643	109,583,496	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	443,800		135,657,824	144,955,643	109,583,496	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999	Subtotals - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds - Total Bonds							
8499999	Subtotals - Sweep Accounts							
Exempt Money Market Mutual Funds - as Identified by SVO								
38142B500	GOLDMAN:FS TRS I INST		09/26/2018	1.940	X X X	1,753,058	465	
				0.000	X X X			
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO					1,753,058	465	
All Other Money Market Mutual Funds								
000000000	EXPANDED BANK DEPOSIT		09/28/2018	0.000	X X X	3,307,691		287
00142W843	INVESCO PREM GV M INST		09/10/2018	2.000	X X X		35	(6)
00142W843	INVESCO PREM GV M INST	SD	04/29/2013	2.000	X X X		2,191	(344)
8699999	Subtotals - All Other Money Market Mutual Funds					3,307,691	2,226	(62)
8799999	Subtotals - Other Cash Equivalents							
8899999	Total - Cash Equivalents					5,060,749	2,691	(62)

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; QSI03

 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8